EXHIBIT D

Part 2

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V.	JS1	UI'	VIC	ĸ	U L	AII	VI.

Claim Number	_
Date Received	

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

(Please	print	DECEMBER 11, 2008 or type)	
		tomer: Margaret R. Coffey, Margaret R. Coffey IR	A
City:		ress: 37 Penny Lane	
•	t Na ·	Voodbridge State: Connecticut Z 1-W0106-3-0 (Westport National Bank)	ip: <u>06525</u>
Taxpay	er LD	. Number (Social Security No.):	
I ampay		. Tramber (Social Security 110.).	
NOTE:	TH SH PR RE SU LES CE	FORE COMPLETING THIS CLAIM FORM, BE SURE TO A SCHOOLD BE FILED FOR EACH ACCOUNT AND, TO OTECTION AFFORDED UNDER SIPA, ALL CUSTOMIC CEIVED BY THE TRUSTEE ON OR BEFORE Mark CEIVED AFTER THAT DATE, BUT ON OR BEFORE SIPACE TO DELAYED PROCESSING AND TO BEING SIPACE OF THE CLAIMANT. PLEASE SEND YOU RTIFIED MAIL - RETURN RECEIPT REQUESTED.	ARATE CLAIM FORM RECEIVE THE FULL ER CLAIMS MUST BE the 4, 2009. CLAIMS July 2, 2009, WILL BE SATISFIED ON TERMS OUR CLAIM FORM BY
1.	Clai	m for money balances as of December 11, 2008:	
	a.	The Broker owes me a Credit (Cr.) Balance of	\$
	b.	I owe the Broker a Debit (Dr.) Balance of	\$
	C.	If you wish to repay the Debit Balance,	
		please insert the amount you wish to repay and	
		attach a check payable to "Irving H. Picard, Esq.,	
		Trustee for Bernard L. Madoff Investment Securitie	s LLC."
		If you wish to make a payment, it must be enclose	ed
		with this claim form.	\$
	d.	If balance is zero, insert "None."	
			The second secon

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

						Y	ES		NO
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b			ker securi		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- 95X-	-	99
С	. If ye	s to eithe	r, please l	ist below:					
									Shares or t of Bonds
Date of Transaction (trade date			Name of	Security			The Brok Owes Me (Long)		I Owe the Broker (Short)
	,	e attached	d supporti	•	entation	and ac		ing l <u>e</u>	,
								-	
	-	×				-		-	9 <u>9999</u>
	<u>-1-5</u>		-					=	
	==								

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

		<u>YES</u>	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.	<u> 1049</u>	X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		X
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)		X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		X
9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.		×
	Please list the full name and address of anyone ass preparation of this claim form: Deborah Clark-Weint Kallas, LLC, 1540 Broadway, 37th Floor, New York	raub, Whatley D	

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date	3309	Signature		
Date	v.	Signature	V	X
Date		Signature	America	

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

CI	LOT		AF	- D	01		
Uι	JST	VΙ	VIL	=K	CL	-AI	IVI

Claim Number
Date Received

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

		In Liquidation	
(D)		DECEMBER 11, 2008	
(Please	print	or type)	
		tomer: Tom K. Coffey, Tom K. Coffey IRA	
Mailing City			
		oodbridge State: Connecticut Z 1-W0106-3-0 (Westport National Bank)	ip: <u>06525</u>
		. Number (Social Security No.):	
NOTE:	THI SH PR RE RE SU LES	FORE COMPLETING THIS CLAIM FORM, BE SURE TE ACCOMPANYING INSTRUCTION SHEET. A SEPTION OF FILED FOR EACH ACCOUNT AND, TO OTECTION AFFORDED UNDER SIPA, ALL CUSTOMIC CEIVED BY THE TRUSTEE ON OR BEFORE MAKE CEIVED AFTER THAT DATE, BUT ON OR BEFORE OR BJECT TO DELAYED PROCESSING AND TO BEING SES FAVORABLE TO THE CLAIMANT. PLEASE SEND YER REPORT OF THE CLAIMANT.	ARATE CLAIM FORM RECEIVE THE FULL ER CLAIMS MUST BE the 4, 2009. CLAIMS JULY 2, 2009, WILL BE SATISFIED ON TERMS OUR CLAIM FORM BY
1.		m for money balances as of December 11, 2008 :	
	a.	The Broker owes me a Credit (Cr.) Balance of	\$
	b.	I owe the Broker a Debit (Dr.) Balance of	\$
	C.	If you wish to repay the Debit Balance,	
		please insert the amount you wish to repay and	
		attach a check payable to "Irving H. Picard, Esq.,	
		Trustee for Bernard L. Madoff Investment Securitie	s LLC."
		If you wish to make a payment, it must be enclose	ed
		with this claim form.	\$
	d.	If balance is zero, insert "None."	

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

	<u>Y</u> E	<u>s</u>	NO
a.	The Broker owes me securities X valued at \$20,651.69 as of November 30, 2008.	<u></u>	
b.			
C.	If yes to either, please list below:		
	_	Number of Face Amoun	
Date of Transaction (trade date)	1	The Broker Owes Me (Long)	I Owe the Broker (Short)
	e see the attached supporting documentation and acc		, ,
			
		<u> </u>	

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

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		<u>YES</u>	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		X
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)		X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		X
9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.		X
	Please list the full name and address of anyone ass preparation of this claim form: Deborah Clark-Wein Kallas, LLC, 1540 Broadway, 37th Floor, New Yor	traub, Whatley D	

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date3	13/09	Signature Avr. USJ
Date		Signature

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

CI	ICT	O	MI	-	01	AIM	
Lι	101	UЛ	VII	- 17	Lal	AIIVI	

Claim Number	
Date Received	

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

040		DECEMBER 11, 2008					
(Please p	orint o	or type)					
	Name of Customer: Tom K. Coffey, Tom K. Coffey Rollover IRA Mailing Address: 37 Penny Lane						
City: Account	No.: _	Voodbridge State: Connecticut Zi 1-VV0106-3-0 (Westport National Bank) Number (Social Security No.):					
NOTE:	REC SUE LES	FORE COMPLETING THIS CLAIM FORM, BE SURE TO E ACCOMPANYING INSTRUCTION SHEET. A SEPARATION BE FILED FOR EACH ACCOUNT AND, TO DIECTION AFFORDED UNDER SIPA, ALL CUSTOME CEIVED BY THE TRUSTEE ON OR BEFORE March CEIVED AFTER THAT DATE, BUT ON OR BEFORE JUBIECT TO DELAYED PROCESSING AND TO BEING SUBJECT TO DELAYED PROCESSING AND TO BEING SUBJECT TO THE CLAIMANT. PLEASE SEND YOUR THEORY OF THE CLAIMANT.	RATE CLAIM FORM RECEIVE THE FULL RECLAIMS MUST BE 4, 2009. CLAIMS ULL BE ATISFIED ON TERMS DUR CLAIM FORM BY				
1.	Clair	m for money balances as of December 11, 2008 :					
	a.	The Broker owes me a Credit (Cr.) Balance of	\$				
	b.	I owe the Broker a Debit (Dr.) Balance of	\$				
	C.	If you wish to repay the Debit Balance,					
		please insert the amount you wish to repay and					
		attach a check payable to "Irving H. Picard, Esq.,					
		Trustee for Bernard L. Madoff Investment Securities					
		If you wish to make a payment, it must be enclose	d				
		with this claim form.	\$				
	d.	If balance is zero, insert "None."					

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

			Y	<u>ES</u>		NO
а	i,	The Broker owes me securities valued at \$276,428.88 as of November	30 200	X	, iii a iii a	
b).	I owe the Broker securities				
С	i.	If yes to either, please list below:				
				Numbe Face Am		Shares or of Bonds
Date of Transactio (trade date		Name of Security		The Broke Owes Me (Long)		l Owe the Broker (Short)
Pleas	<u>se</u> se	ee the attached supporting documentation	n and a	c <u>compan</u> yir	ng le	tter
	« »				_	
					40	
					-	

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

		<u>YES</u>	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		X
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	3	X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	w	X
9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.		X
	Please list the full name and address of anyone ass preparation of this claim form: <u>Deborah Clark-Wein</u> Kallas, LLC, 1540 Broadway, 37th Floor, New Yor	traub, Whatley D	

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date	3/3/09	Signature down UDD	
Date		Signature	

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

CUS	STO	M	FR	CL	Δſ	RЛ
-		17			. М	IVI

Claim Number____

	ט	ate Received
	BERNARD L. MADOFF INVESTMENT SECURITIE	ES LLC
	In Liquidation	
(Please p	DECEMBER 11, 2008 print or type)	
Mailing . City: Account	Customer: Richard E. Layton, Dr. R. Layton P.A. 401(Independent of the Control of	ey Center II, Suite 101 ip: 21204
NOTE:	BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO THE ACCOMPANYING INSTRUCTION SHEET. A SEPA SHOULD BE FILED FOR EACH ACCOUNT AND, TO PROTECTION AFFORDED UNDER SIPA, ALL CUSTOME RECEIVED BY THE TRUSTEE ON OR BEFORE March RECEIVED AFTER THAT DATE, BUT ON OR BEFORE JUBIECT TO DELAYED PROCESSING AND TO BEING SUBJECT TO DELAYED PROCESSING AND TO BEING SUBJECT TO THE CLAIMANT. PLEASE SEND YOUR CERTIFIED MAIL - RETURN RECEIPT REQUESTED.	ARATE CLAIM FORM RECEIVE THE FULL ER CLAIMS MUST BE th 4, 2009. CLAIMS July 2, 2009, WILL BE EATISFIED ON TERMS
******	**************************************	***
1.	Claim for money balances as of December 11, 2008 :	
	 a. The Broker owes me a Credit (Cr.) Balance of b. I owe the Broker a Debit (Dr.) Balance of c. If you wish to repay the Debit Balance, please insert the amount you wish to repay and attach a check payable to "Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities If you wish to make a payment, it must be enclosed with this claim form. 	
	d. If balance is zero, insert "None."	

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

	_	YES	<u>NO</u>
a.	The Broker owes me securities valued at \$3,097.75 as of November 30, 20	XX	
b.	I owe the Broker securities _		
C.	If yes to either, please list below:		
		7007	r of Shares or ount of Bonds
Date of Transaction (trade date)		The Broke Owes Me (Long)	
Please	see the attached supporting documentation a	nd ac <u>compan</u> yir	ng letter
		-	
	Sec. 1900	P	

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

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		<u>YES</u>	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.	<u> </u>	X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		X
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	·	X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	<u> </u>	X
9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.		X
	Please list the full name and address of anyone ass preparation of this claim form: <u>Deborah Clark-Wein</u> Kallas, LLC, 1540 Broadway, 37th Floor, New Yor	traub, Whatley [Drake &

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

A × ---

Date_	tehroung 18,2009	Signature	Killand Chylin
Date _		Signature	
•			ign above. Give each owner's name,

address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

CI	JS	TO	M	ER	CI	ΔΙ	M
~ ,					~ .	-/	

				Claim Number
				Date Received
	BERNARD	L. MADOFF INVES	FMENT SECU	RITIES LLC
		In Liquida	tion	
		DECEMBER '	11, 2008	
(Please p	orint or type)			
Mailing . City: Account	Address:c/o Dr. l 	E. Layton, Dr. R. La R. Layton, P.A., 901 D State: O (Westport Nation is al Security No.):	Oulaney Road, D Maryland al Bank)) Plan fbo Richard E. Layton ulaney Center II, Suite 101
NOTE:	THE ACCOMPAN SHOULD BE FIL PROTECTION AF RECEIVED BY T RECEIVED AFTE	NYING INSTRUCTION LED FOR EACH AC FFORDED UNDER SI THE TRUSTEE ON TR THAT DATE, BUT	N SHEET. A : COUNT AND, IPA, ALL CUST OR BEFORE I ON OR BEFO	RE TO READ CAREFULLY SEPARATE CLAIM FORM TO RECEIVE THE FULL TOMER CLAIMS MUST BE March 4, 2009. CLAIMS RE July 2, 2009, WILL BE NG SATISFIED ON TERMS

\$

Claim for money balances as of December 11, 2008: 1.

CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

The Broker owes me a Credit (Cr.) Balance of

b.	I owe the Broker a Debit (Dr.) Balance of	\$
C.	If you wish to repay the Debit Balance,	
	please insert the amount you wish to repay and	
	attach a check payable to "Irving H. Picard, Esq.,	
	Trustee for Bernard L. Madoff Investment Securities	es LLC."
	If you wish to make a payment, it must be enclos	ed
	with this claim form.	\$
d.	If balance is zero, insert "None."	

LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY

a.

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

			Y	ES	NO
â		The Broker owes me securities valued at \$119,172.37 as of Novembe		X	- 1.000
k		I owe the Broker securities		-1 4 -2	
C	o. I	If yes to either, please list below:			
				Number o Face Amou	f Shares or nt of Bonds
Date of				The Broker	I Owe
Transactio (trade date		Name of Security		Owes Me (Long)	the Broker (Short)
Pleas	<u>se</u> se	e the attached supporting documentati	ion and ac	companying	l <u>etter</u>
		14 14 14 14 14 14 14 14 14 14 14 14 14 1		<u> </u>	
<u></u>				, 	

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		YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		X
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)		X
7 %	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		X
9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.		X
	Please list the full name and address of anyone ass preparation of this claim form: Deborah Clark-Weint Kallas, LLC, 1540 Broadway, 37th Floor, New York	raub, Whatley Dr	

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THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date	February 18,2009	Signature_	Kickard Clayton
Date	\	Signature_	d

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

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